CITY OF BATON ROUGE/ PARISH OF EAST BATON ROUGE EMPLOYMENT APPLICATION



Department of Human Resources
Recruitment and Examination
1755 Florida Street
P.O. Box 1471
Baton Rouge, LA 70821
(225) 389-3132
www.brgov.com

PHONE E-MAIL ADDRESS **ADDRESS** ZIP CODE (Middle) STATE IOB CLASSIFICATION

CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE

EMPLOYMENT APPLICATION Equal Opportunity Employer

Department of Human Resources P. O. Box 1471 Baton Rouge, Louisiana 70821

PERSONAL INFORMATION

Last Name					First Name						Middle		
Address (Street number and name)					y				Parish				
State Zip Home Phone					e Business Phone						Alternate Phone		
Type of Employment 1-3 months 6-12 mor					onths Part Time						Seasonal		Summer
3-6 months Permane			ent only				Full Time			Shift Work		Night Work	
Drivers License #	State	Expiration Date		Operators (Private Vehicle)				License Class					
					Commercial Drivers License (attach a copy)				Endorsement _				
Military Branch of Service Date Entered			Date Discharged Final Rank Ty					Туре	ype of Discharge				
VETERAN'S PREFEREN SERVICE CONNECTED	CE POINTS DISABILITY.	I WILL BE AWARDE . (DD-214 MUST IND	D ONLY IF YO	DU S DRAI	UBMIT, BLE DIS	WITH Y	OUR A	PPLICATION, A	COPY OF YOU ACTIVE DUTY -	R DD-2	14 AND/OR PRO FOR TRAINING)	OF OF	A
Have you ever been co INFORMATION: Arres		on is not an autom	•			Each ca	ase is o		s individual me	1	Y		No nviction
Are any of your educati	onal or emp	,	ound under a	diffe	erent las	st name	? If ye	s, please give th	ne last name.			⁄es	No
Are you currently emplo	byed by City. Departmen		nt? If yes, ple	ease	give:							/es]No
Have you ever been em		an agency of the Ci	ty-Parish Gov	vern	ment? I		ease g					/es	No
Have you ever been dis	scharged or Employer	forced to resign fro	om any position	on?	If yes,		•	nployer, date and Reason	d reason.			es_	No
Do you have any relative (Continue listing relative Name:				? Is	so, plea	ase com		he following:				⁄es	No
If hired, are you authori U.S. Immigration and N							our au	thorization to wo	ork issued by th	ne		es_]No
Do you now hold or are	you a cand	idate for an elective	e public office	e?								es	No
DO NOT ANSWER THI			<u> </u>		THE JC	B SPE	CIFICA	TION FOR THE	POSITION YO	DU AR			<u>-</u>
Will you need an accom Specify	nmodation to	o perform the job f	unctions of th	ie po	sition y	ou are	applyir	ng for?		_		es	No
REFER TO THE JOB A SELECTIVE CERTIFIC INCLUDE EDUCATION	ATION. (E.	G. WHERE YOU A	CQUIRED TI	HE N	NECES	SARY E	EDUC/	ATION, EXPERI	ENCE, ETC.)				

EDUCATION AND TRAINING												
High School Degree, College Degree, certification, training, licensing must be accompanied by documentation - diploma,												
transcript, certification, licenses,etc., to verify educational requirements & to receive credit for any education/training listed.												
Foreign college degrees must be converted and recognized by an accredited U.S. university (attach documentation).												
		ELEMEN [*]	TARY A	ND HIGH	H SCH	OOL ED	UCATION					
Highest Grade Completed Did you graduate from High School or obtain Name and Location of Last School Attended										d		
(Circle One)	a GED?						(High S	School, Junior	High o	r Elementa	ary)	
1 2 3 4 5 6		YES NO NAI					NAME					
7 8 9 10 11 12						LOCATI	ON					
DO NOT CIRCLE 12 UNLESS YO	OU RECEIVE	D A DIPLOMA	FROM	HIGH		Please indicate in the box the				gebra		bookkeeping
SCHOOL OR A CERTIFICATE C	BTAINING A	GED.				number of high school				eometry	_	biology
						courses	completed in:		ca	lculus		trigonometry
COL	LEGES AND	UNIVERSITI	ES ATTE	NDED (Must be	from a	recognized a	ccredited sc	hool)			
		DATES ATTEND	DED (MO 8	k YR)	(CREDIT F	IOURS	DEGREES	;			
NAMES AND LOCATIONS		FROM		ТО	SEME	STER	QUARTER	RECEIVED)	MAJOR		MINOR
		GRAI	DUATE (OR PROF	ESSIO	NAL SC	HOOL					
		DATES ATTEND	DED (MO 8	k YR)	(CREDIT H	IOURS	DEGREES	;			
NAMES AND LOCATIONS		FROM		TO	SEME	STER	QUARTER	RECEIVED	,	MAJOR		MINOR
									_			
MAJOR UNDERGRADU	IATE	CDEDIT	HUIDS			MA	JOR GRADU	ATE		CDED	IT L	lours
		CREDIT HOURS SEMESTER QUARTER			COLLEGE SUBJECTS				051	SEMESTER QUARTER		
COLLEGE SUBJECT	5	SEMESTER	QU	ARTER		COLLEGE SUBJECTS		:015	SEN	WESTER		QUARTER
RELATED SPECIAL 1	TRAINING (C	ORRESPOND	ENCE, E	BUSINES	S, TRA	DES, VO	CATIONAL,	ARMED FOR	CES S	SCHOOLS	, E1	rc.)
									CE	ERTIFICA [®]	TES	RECEIVED
NAMES AND LOCATIONS OF	DATES ATTENDED (MO & YR)			COURSES OR		CREDIT	OR OTHER PERTINE		ERTINENT			
TRAINING CENTER, INSTITU	TES, ETC.	FROM		ТО		SUBJECTS TAKEN		HOURS		INFORMATION		TION
	<u> </u>		RE	LATED I	LICENS	ES						
PROFESSIONAL LICENSE	/TRADE			CENSE				\Box	EXPIRATION			
ISSUED BY:		LIZATION			MBER					DATE		
12.2	,						_		\top			
									+			
									\dashv			
									+			
								+				

EMPLOYMENT HISTORY

FAILURE TO GIVE COMPLETE AND DETAILED INFORMATION REGARDING EACH JOB HELD MAY RESULT IN YOUR DISQUALIFICATION OR IN A LOWER RATING SCORE.

This section will be used to determine whether you qualify for the job for which you are applying. For some jobs, this section will also rated to determine part or all of your grade. TO RECEIVE CREDIT, YOU MUST FILL OUT ALL BLOCKS FOR EACH JOB LISTED. It is eximportant that you fill out the beginning and ending dates (month/year) and the average number of hours worked per week for each jo

- 1. Start with your present or last job and work back. If you held different jobs while working for the same employer, treat each change as a separate job using separate blocks and giving specific information for each change. Also, describe in detail the specific duties beginning with your primary duties and the percentage of time performing each duty.
- 2. City-Parish employees, give dates and official classified job title (not working title) FOR EACH JOB you have held including progressive levels in the same series. If you worked out of class, provide proof from your supervisor.
- 3. If you cannot fit all the jobs you have held on this application form, ask for supplemental sheets for listing additional jobs.
- 4. **Submit proof of volunteer work include dates, duties & hours per week.
- 5. Preprinted job specifications are not accepted in place of description of duties on this form since they do not necessarily reflect your particular position.
- 6. Resumes are not accepted in place of information requested on this form.
- 7. It is important that you furnish accurate and complete addresses.

1

EMPLOYMENT HISTORY

LWIFLOTWICHTHISTORT								
MAY	WE CON	ITACT PRESEN	IT OR MOST RE	CENT EMI YES	PLOYER	R? NO]
STARTI	NG DATE	ENDING DATE	NAME, ADDRESS,	CITY, STATE,	ZIP CODE	OF PRESENT	OR MOST R	RECENT EMPLOYER
month /	day / year	month / day / year						
		PAID WORK	HOURS PER WEEK	NAME, TITI	E. OF IMM	EDIATE SUPER	VISOR	AREA CODE/TELEPHONE NUMBER
	H			,	_,			,
	Ш	VOLUNTEER**						
REASO	N FOR LEA	VING						
TITLE C	F POSITIO	N HELD (if held more	e than one position -	ist each sepa	rately)		NUMBER/J	OB TITLE OF EMPLOYEES YOU SUPERVISED
DETAIL	ED DESCR	IPTION OF DUTIES A	AND RESPONSIBILITI	ES: List the	percentag	e of time perfo	rming each	duty (total should equal 100%).
% Time	1		DUTIES / RESPONSI	BILITIES				

STARTING DATE ENDING DATE NAME, ADDRESS, CITY, STATE, ZIP CODE OF PREVIOUS EMPLOYER month / day / year | month / day / year PAID WORK HOURS PER WEEK NAME, TITLE, OF IMMEDIATE SUPERVISOR AREA CODE/TELEPHONE NUMBER **VOLUNTEER**** REASON FOR LEAVING TITLE OF POSITION HELD (if held more than one position - list each separately) NUMBER / JOB TITLE OF EMPLOYEES YOU SUPERVISED DETAILED DESCRIPTION OF DUTIES AND RESPONSIBILITIES: List the percentage of time performing each duty. % Time **DUTIES / RESPONSIBILITIES** 7 STARTING DATE ENDING DATE NAME, ADDRESS, CITY, STATE, ZIP CODE OF NEXT PREVIOUS EMPLOYER month / day / year month / day / year HOURS PER WEEK AREA CODE/TELEPHONE NUMBER PAID WORK NAME, TITLE, OF IMMEDIATE SUPERVISOR **VOLUNTEER**** REASON FOR LEAVING TITLE OF POSITION HELD (if held more than one position - list each separately) NUMBER / JOB TITLE OF EMPLOYEES YOU SUPERVISED DETAILED DESCRIPTION OF DUTIES AND RESPONSIBILITIES: List the percentage of time performing each duty. % Time **DUTIES / RESPONSIBILITIES**

OFFICE SKILLS

	Shorthand wpm Ove CRT Trai Calculator Boo Dictaphone Tra PBX Switchboard Prir Filing Cor 10-Key Mai Microfilming Dra	ord Processing refrhead Projector Insparency Maker Okkeeping Inscription of Minutes Inting Equipment Inputer Operations Inframe Micro-mini Itting IEFERENCES	Cash Register Personal Computer (ask about skills testing) Software WordPerfect/Word Lotus/Excel D-Base Auto Cad GIS Other	
ame:		Name:		
hone:		Phone:		
amo:		Namo		
ame:		Name:		
hone:		_ Phone: _		
11000-	Annual Market Committee Co		. 0% . / D. / D	
aton Room the fully une City f Baton lace Ac	lication form and its contents are the official property of the C	resentation herein may caured to voluntarily submarilable to the Human Resessafety of workers and the tity of Baton Rouge and w	ause my application to be rejected, my name to be re	moved quired by The City Work
aton Room the fully une City f Baton lace Ac	ouge to me in any way. I further understand that any misrep eligible register and/or subject me to dismissal. Inderstand as a part of the employment process, I will be required of Baton Rouge. I am aware that the results will be made as Rouge is committed to a drug free work place to protect the st. Ilication form and its contents are the official property of the COMMATURE OF APPLICANT	uired to voluntarily subm vailable to the Human Res e safety of workers and t Sity of Baton Rouge and w	ause my application to be rejected, my name to be resident to a physical examination and drug screen test resources Director or her duly authorized representative. The public and will comply with the Federal Drug Free will not be returned, reused or copied for you after being SOCIAL SECURITY NUMBER	moved quired by The City Work
aton Room the fully une City f Baton lace Ac	ouge to me in any way. I further understand that any misrep eligible register and/or subject me to dismissal. Inderstand as a part of the employment process, I will be required of Baton Rouge. I am aware that the results will be made as Rouge is committed to a drug free work place to protect the st. Ilication form and its contents are the official property of the COMMATURE OF APPLICANT	resentation herein may caured to voluntarily submarilable to the Human Resessafety of workers and the tity of Baton Rouge and w	ause my application to be rejected, my name to be resident to a physical examination and drug screen test resources Director or her duly authorized representative. The public and will comply with the Federal Drug Free will not be returned, reused or copied for you after being SOCIAL SECURITY NUMBER	moved quired by The City Work
aton Room the fully une City f Baton lace Ac he appl	puge to me in any way. I further understand that any misrep eligible register and/or subject me to dismissal. Inderstand as a part of the employment process, I will be req of Baton Rouge. I am aware that the results will be made as Rouge is committed to a drug free work place to protect the st. Ilication form and its contents are the official property of the COMMATURE OF APPLICANT HUMAN RESOURGER RECRUITMENT DIVISION DATA	uired to voluntarily subm vailable to the Human Res e safety of workers and t Sity of Baton Rouge and w DATE	ause my application to be rejected, my name to be resident to a physical examination and drug screen test resources Director or her duly authorized representative. The public and will comply with the Federal Drug Free will not be returned, reused or copied for you after being SOCIAL SECURITY NUMBER ONLY EXAMINATION DIVISION DATA	moved quired by The City Work
aton Room the fully une City f Baton lace Ac he appl	pouge to me in any way. I further understand that any misrep eligible register and/or subject me to dismissal. Inderstand as a part of the employment process, I will be required of Baton Rouge. I am aware that the results will be made at Rouge is committed to a drug free work place to protect the st. Illication form and its contents are the official property of the COMMATURE OF APPLICANT HUMAN RESOURCE	uired to voluntarily subm vailable to the Human Res e safety of workers and t city of Baton Rouge and w DATE	ause my application to be rejected, my name to be re nit to a physical examination and drug screen test re- sources Director or her duly authorized representative. the public and will comply with the Federal Drug Free vill not be returned, reused or copied for you after being SOCIAL SECURITY NUMBER	moved quired by The City Work
aton Room the fully une City of Baton lace Ac he appl	puge to me in any way. I further understand that any misrep eligible register and/or subject me to dismissal. Inderstand as a part of the employment process, I will be req of Baton Rouge. I am aware that the results will be made as Rouge is committed to a drug free work place to protect the st. Ilication form and its contents are the official property of the COMMATURE OF APPLICANT HUMAN RESOURGER RECRUITMENT DIVISION DATA	uired to voluntarily subm vailable to the Human Res e safety of workers and t Sity of Baton Rouge and w DATE	ause my application to be rejected, my name to be replicated by name to be resources Director or her duly authorized representative. The public and will comply with the Federal Drug Free will not be returned, reused or copied for you after being SOCIAL SECURITY NUMBER ONLY EXAMINATION DIVISION DATA	moved quired by The City Work
aton Room the fully une City f Baton lace Ac he appl	couge to me in any way. I further understand that any misrep eligible register and/or subject me to dismissal. Inderstand as a part of the employment process, I will be required of Baton Rouge. I am aware that the results will be made as Rouge is committed to a drug free work place to protect the st. Ilication form and its contents are the official property of the COMMATURE OF APPLICANT HUMAN RESOURGE RECRUITMENT DIVISION DATA	uired to voluntarily submrailable to the Human Reses asfety of workers and to the Baton Rouge and workers and the Baton Rouge and workers are as a second and the Baton Rouge and workers are as a second and the Baton Rouge and workers are as a second and the Baton Rouge and workers are as a second and the Baton Rouge and workers are as a second and the Baton Rouge and the Bato	ause my application to be rejected, my name to be resident to a physical examination and drug screen test resources Director or her duly authorized representative. The public and will comply with the Federal Drug Free will not be returned, reused or copied for you after being SOCIAL SECURITY NUMBER ONLY EXAMINATION DIVISION DATA 1 ITS: 5 Pts 10 Pts	moved quired by The City Work

APPLICATION NUMBER:

APPLICANT STATISTICS TO ALL APPLICANTS: The information in the following questions will not affect you as an applicant. This information will be used to determine if our recruitment efforts are reaching all segments of the community, to meet federal EEO reporting requirements and conduct background checks. Incomplete data will prohibit the processing of your employment application.									
	RACE	AMERICAN INDIAN/ALASKAN NATIVE							
HOW DID YOU LEARN ABOUT THIS JOB? COLLEGE/TECH SCHOOL CURRENTLY A CITY-PARISH EMPLOYEE HIGH SCHOOL INTERNET JOB LINE JOB POSTING MINORITY GROUP REFERRAL SOURCE NEWSPAPER PUBLIC EMPLOYMENT AGENCY RADIO REFERRED BY CITY-PARISH EMPLOYEE TELEVISION TRADE PUBLICATIONS AD WALK-IN WOMEN'S REFERRAL SOURCE		OB INTERESTS: ACCOUNTING CLERICAL SUPPORT ENGINEERING HUMAN RESOURCES INFORMATION SERVICES LAW/LEGAL RELATED LIBRARY SERVICES MEDICAL/ENVIRONMENTAL SOCIAL SERVICES STRUCTURAL WORK							